

Audiologic Diagnostic Checklist Birth-6 months

Indiana's Universal Newborn Hearing Screening Program

TEST	DATE	DEFERRED	INITIALS
Diagnostic ABR			
Air Conduction Click Threshold			
Cochlear Microphonic (Click Polarity)			
Air Conduction low frequency tone burst: ____ Hz			
Air Conduction high frequency tone burst: ____ Hz			
Bone Conduction Click Threshold			
Other: (ASSR)			
Otoscopic Exam			
High Frequency Tympanometry: ____ Hz			
Middle Ear Muscle Reflexes			
Diagnostic OAE			
Behavioral Observation Audiometry			
Discuss Recommendations with Family			
Otologic Referral for Confirmed Loss			
Referral to First Steps for Early Intervention			
Report to Indiana State Department of Health			
Report to Primary Medical Provider			